## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Barbara S. SLUSHER et al.

Title:

NAALADASE INHIBITORS FOR TREATING OPIOID

**TOLERANCE** 

Appl. No.:

Unknown

Filing Date:

March 3, 2004

Examiner:

Unknown

Art Unit:

Unknown

## UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Barbara S. SLUSHER 7424 Longfield Drive Kingsville, Maryland 21087

Krystyna WOZNIAK 422 Fox Catcher Road Bel Air, Maryland 21015

## Enclosed are:

[ <b>X</b> ]	Specification, Claim(s), and Abstract (123 pages).
[ <b>X</b> ]	Drawings (2 sheets, Figures 1 and 2).
[ ]	Declaration and Power of Attorney ( pages).
[ ]	Assignment of the invention to Guilford Pharmaceuticals Inc
(X)	Application Data Sheet (37 CFR 1.76).

10/791296 10/791296 030304



The filing fee is calculated below:

	Claims	Included in		Extra		Rate		Fee
	as Filed	Basic Fee		Claims				Totals
Basic Fee						\$770.00	=	\$770.00
Total Claims:	47	- 20	=	27	x	\$18.00	=	\$486.00
Independents:	2	- 3	=	0	x	\$86.00	=	\$0.00
If any Multiple Dependent Claim(s) present: + \$290.00							=	\$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed + \$130.00							_	\$130.00
Declaration and late payment of filing fee								
	=	\$1386.00						
[ ] Small Entity Fees Apply (subtract ½ of above):  TOTAL FILING FEE:								
								\$1386.00

- A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [ ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date \_\_\_3/3/04

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